

ANNOUNCEMENT OF FUNDING AVAILABILITY

PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH)

Proposal Guidance/Instructions

AFA-3-2012-AMH

West Virginia Department of Health and Human Resources
Bureau for Behavioral Health and Health Facilities
350 Capitol Street, Room 350
Charleston, WV 25301-3702

For Technical Assistance

Contact

Jason Cook
at

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Date of Release: 05/31/2012

Letter of Intent Deadline: 6/11/2012- 5:00 PM

Application Deadline: 6/27/2012- 5:00 PM

The following is a guide for submitting a proposal to the Bureau for Behavioral Health and Health Facilities (BBHFF). The document includes general contact information, program information, administrative, and fiscal requirements. Responses must be submitted electronically by Email to: DHHR.BHFF.Grants@wv.gov with the AFA number in the subject line. Notification that the proposal was received will follow. Paper copies of proposals will not be accepted. It is the sole responsibility of the applicant organization to ensure that the proposal is complete and submitted in accordance with the guidance provided in this document. Incomplete proposals or proposals submitted after the application deadline *will not* be reviewed.

BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES (BBHBF)

SAMPLE APPLICATION COVER SHEET

PATH

Organization/Agency Name:

Project Name:

Address:

Telephone:

Fax:

Name of organization Director:

Phone

Email:

Name of organization Fiscal Officer/CFO:

Phone

Email:

Project Contact Name/Title:

Phone

Email:

Website Address:

Total of Funding Requested:

Please provide a brief abstract of the proposal.

Abstract:

Checklist for Proposal Submission:

Notice: The following items are mandatory for application. Failure to complete and submit these items will result in the proposal not being considered for funding.

- ☐ Letter of Intent (Due 6/11/2012 at 5:00 PM)
- ☐ Application Cover Sheet*
- ☐ Proposal Narrative*
- ☐ Budget Narrative
- ☐ Target Funding Budget*
- ☐ Attachment A: List of Collaborations and Partnerships describing roles/contributions of each collaboration or partner
- ☐ Attachment B: Non-profit status/Business License

* These forms may be downloaded from the BHHF website:

<http://www.wvdhhr.org/bhhf/resources.asp>

Key Dates and Timeline Requirements

Release of AFA	05/31/2012
Letter of Intent Submission Deadline	06/11/2012 – 5:00 PM
Technical Assistance Conference Call	6/14/2012
Proposal Submission Deadline	06/27/2012 – 5:00 PM
Notification of award:	06/29/2012

Responses must be submitted electronically by Email to: DHHR.BHMF.Grants@wv.gov with the AFA number in the subject line. Also reflect the AFA Number on all other required documents. Due to the critical review timelines and State fiscal timelines, applications that are incomplete and/or received after 5:00 PM on 06/27/2012 will not be considered for funding.

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Technical Assistance Conference Call

BBHMF staff will conduct a technical assistance conference call on **June 14, 2012** from **3:00 PM – 4:00 PM** to answer any questions regarding this funding announcement.

Conference Number: (304) 558-6338

Meeting ID : 9438

Meeting Password: 782542

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Letter of Intent (Mandatory)

All organizations planning to submit an application for an Announcement of Funding Availability (AFA) must submit a Letter of Intent (LOI) to the email address: DHHR.BHMF.Grants@wv.gov prior to submission of the AFA.

Please reflect in the subject line: Letter of Intent: AFA-3-2012-AMH PATH

These letters of intent shall serve to document the interest in providing each type of service (AFA) and will not be considered binding until documented receipt of the application.

Introduction:

The West Virginia Bureau for Behavioral Health and Health Facilities (BHHF) is requesting proposals to provide services for persons who are experiencing homelessness and have serious mental illnesses and co-occurring substance use disorders, with a particular emphasis on persons most in need of services and on services which are not supported by existing mental health programs.

The target population to be served is West Virginia adults and families that meet the State's definition of homelessness (which is based on the 2012 PATH Request For Application) and reflects the Center for Mental Health Services (CMHS) definition of homelessness which includes, but is not limited to the following:

Definitions

A. Individual Experiencing Homelessness:

An individual who lacks housing (without regard to whether the individual is a member of the family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.

B. Imminent Risk of Becoming Homeless:

Imminent risk of homelessness includes the following criteria: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, and being discharged from a health care or criminal justice institution without a place to live.

C. Serious Mental Illness:

Persons ages 18 or over with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.

D. Co-occurring Serious Mental Illness and Substance Use Disorders:

Individuals who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.

Description and Rationale:

PATH funding provides States and territories with the capacity to establish and/or develop flexible community-based services for persons with serious mental illnesses and co-occurring substance use disorders who are homeless or at imminent risk of becoming homeless.

PATH-eligible services consist of:

- Outreach services;
- Screening and diagnostic treatment services;
- Habilitation and rehabilitation services;
- Community mental health services;
- Alcohol or drug treatment services;
- Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where persons who are experiencing homelessness require services;
- Case management services, including:
 - Preparing a plan for the provision of community mental health services to eligible homeless individuals involved, and reviewing such plan not less than once every 3 months
 - Providing assistance in obtaining and coordinating social and maintenance services for eligible homeless individuals, including services relating to daily living activities, peer support services, personal financial planning, transportation services, habilitation and rehabilitation services, prevocational and vocational services, and housing services;
 - Providing assistance to eligible homeless individuals in obtaining income support services, including housing assistance food stamps, and supplemental security income benefits;
 - Referring eligible homeless individuals for such other services as may be appropriate; and
 - Providing representative payee services in accordance with section 1631 (a)(2) of the Social Security Act (42 U.S.C. 1381 (a)(2)) if eligible homeless individuals are receiving aid under title XVI of such act (42 U.S.C. 1381 et seq.) and if the applicant is designated by the Secretary to provide such services.
- Supportive and supervisory services in residential settings;
- Referrals for primary health services, job training, educational services, and relevant housing services;

- Housing services as specified in Section 522 (b)(10) of the Public Health Service Act, including:
 - Minor renovation, expansion, and repair of housing;
 - Planning of housing;
 - Technical assistance in applying for housing assistance;
 - Improving the coordination of housing services;
 - Security deposits;
 - Costs associated with matching eligible homeless individuals with appropriate housing situations;
 - One-time rental payments to prevent eviction

Although PATH funds can be used to support this array of services, applicants are encouraged to use the resources to fund street outreach, case management, and services which are not financially supported by mainstream behavioral health programs.

SAMHSA's 8 Strategic Initiatives

The Substance Abuse and Mental Health Services Administration (SAMHSA) was established in 1992 and directed by Congress to effectively target substance abuse and mental health services to people most in need and to translate research in these areas more effectively and more rapidly into the general health care system. Over the years SAMHSA has demonstrated that - prevention works, treatment is effective, and people recover from mental and substance use disorders. Behavioral health services improve health status and reduce health care and other costs to society. Continued improvement in the delivery and financing of prevention, treatment and recovery support services provides a cost effective opportunity to advance and protect the Nation's health.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities by improving the quality and availability of substance abuse prevention, alcohol and drug abuse treatment, and mental health services. In order to achieve this mission, SAMHSA has identified eight Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities. These initiatives will focus SAMHSA to shift its programs to better complement the shifting policy landscape resulting from the Affordable Care Act and Parity. Housing and homelessness resides in SAMHSA's strategic initiative - Recovery Support. This initiative includes objectives designed to provide housing and reduce barriers to accessing effective services that sustain recovery for individuals with serious mental illnesses and substance use disorders who are homeless.

PATH grantees are expected to consider these initiatives in addressing the needs of individuals with serious mental illnesses who are homeless and also have a co-occurring substance use disorder. These initiatives can be accessed at <http://www.samhsa.gov/about/strategy.aspx>.

The PATH program will support the delivery of eligible services to persons who are homeless and have serious mental illnesses and co-occurring substance use disorders, with a

particular emphasis on (a) adults, (b) persons who are literally homeless, (c) street outreach (d) case management and (e) services which are not supported by mainstream mental health programs. To further achieve this delivery of services, PATH has established two programmatic goals:

Goal 1: Strengthen and increase referrals and linkages to permanent housing that support recovery. In keeping with SAMHSA's Strategic Initiative on Recovery Support, this goal supports street outreach and case management activities to ensure that individuals who have a serious mental illness or co-occurring mental illness and substance use disorders are referred and linked to permanent housing opportunities. Please demonstrate your plan on how your agency plans to meet this goal. Describing in detail how your activities and use of PATH funds will increase referrals and linkages to enable PATH recipients of services to obtain permanent housing that supports their recovery.

Goal 2: Within the next 2-4 years all PATH programs will Migrate PATH Data into the Homeless Management Information System (HMIS). This goal enables SAMHSA to report reliable and consistent client-level and aggregate data on the performance of the PATH program. HMIS is a software application designed to record and store client-level information on the characteristics and service needs of homeless persons. An HMIS is typically a web-based software application that homeless assistance providers use to coordinate care, manage their operations, and better serve their client. For more information on HMIS, visit www.hmis.info. Organizations may request Technical Assistance regarding HMIS through this website.

SAMHSA will continue to partner with the U.S. Department of Housing and Urban Development (HUD) to support the States and providers in meeting the 2-4 year expectations of this goal. This support will include such activities as intensive training and technical assistance. In addition, PATH providers will have flexibility to use PATH administrative funds to support HMIS activities. Please describe your agencies' plan for the use of PATH administrative funds to support HMIS activities in detail with estimated timelines for accomplishing each goal which will lead to the successful Migration of PATH Data into the HMIS.

Funding Availability

Funding for PATH service provision will be awarded based on accepted proposals that meet the required criteria contained within this document and allocation limitations established based on US 2010 Census population and geographical size:

REGION	REGIONAL FUNDING AVAILABILITY
1 AND 3 (Combined)	\$80,380
2	\$62,505
4	\$96,548
5	\$109,324
6	\$91,243

The total amount of funding available statewide is \$440,000

Please note that the allocations for Region 1 and Region 3 are combined and the total combined allocation for these Regions cannot exceed \$80,380.

REGIONS IN WEST VIRGINIA FOR PATH

BBHMF is currently utilizing the six region approach designated by the Governor's Advisory Council on Substance Abuse.

Region 1: Hancock, Brooke, Ohio, Marshall, and Wetzel Counties.

Region 2: Morgan, Berkeley, Jefferson, Mineral, Hampshire, Grant, Hardy, and Pendleton Counties.

Region 3: Tyler, Pleasants, Wood, Ritchie, Wirt, Jackson, Roane, and Calhoun Counties

Region 4: Monongalia, Marion, Preston, Doddridge, Harrison, Taylor, Barbour, Tucker, Gilmer, Lewis, Upshur, Randolph, and Braxton counties.

Region 5: Mason, Cabell, Putnam, Kanawha, Clay, Wayne, Lincoln, Boone, Mingo, and Logan Counties

Region 6: Webster, Nicholas, Pocahontas, Fayette, Greenbrier, Raleigh, Summers, Monroe, Wyoming, McDowell, and Mercer Counties.

MATCH

REGION	FEDERAL PATH FUNDING***	BLOCK GRANT FUNDING	TOTAL AVAILABLE FUNDING
1 AND 3 (Combined)	\$54,805	\$25,575	\$80,380
2	\$42,616	\$19,889	\$62,505
4	\$65,828	\$30,720	\$96,548
5	\$74,540	\$34,784	\$109,324
6	\$62,211	\$29,032	\$91,243

***Grantees must contribute a direct match of non-federal contributions that is not less than \$1 of each \$3 of Federal PATH funds. Non-Federal contributions may be cash or in kind, fairly evaluated, including plant, equipment, or services.

The amount requiring match for each grantee will be determined by funding awarded based on accepted proposals.

Please note that PATH grant funds may not be expended:

- To support *operation of* emergency shelters or construction of housing facilities ;
- For inpatient psychiatric treatment costs or inpatient substance abuse treatment costs; or
- To make cash payments to intended recipients of mental health or substance abuse services

RENEWAL OF AWARD

BBHMF may renew or continue funding beyond the initial fiscal year award for a period not to exceed one additional fiscal year period beyond the stated AFA period (July 1, 2012 through June 30, 2013). As such, at the discretion of the BBHMF funding may be renewed for a period not to exceed June 30, 2014. Future funding will be contingent on successful implementation of goals and reporting of outcomes.

LEGAL

All applicants must be able to provide proof of 501(c)3 status and possess a valid West Virginia business license. If the applicant is not already registered as a vendor in the State of West Virginia, this must be completed by the award notification date or the vendor must demonstrate proof of application. It is also required that the applicants have a Central Contractor Registration (CCR) number and have a DUNS number. For more information visit: <https://www.bpn.gov/ccr>

The Grantee is solely responsible for all work performed under the agreement and shall assume all responsibility for services offered and products to be delivered under the terms of the award. The State shall consider the Grantee to be the sole point of contact with regard to all contractual matters. The Grantee may, with the prior written consent of the State, enter into written sub agreements for performance of work; however, the grantee shall be responsible for payment of all sub awards.

Proposal Instructions

The proposal must be prepared using Microsoft Word, 12-point Arial or Times New Roman font, with one inch (1”) margins top, bottom, left, and right. The proposal must be single-spaced and include page numbers on the bottom of each page. All elements of Section One must be addressed and must be no longer than ten (10) pages in length. All elements of Section Two must be addressed and must be no longer than two (2) pages in length. All elements of Section Three must be addressed and must be no longer than four (4) pages in length. The entire proposal should not exceed sixteen (16) pages. When documenting collaborations or partnerships with other organizations who have committed to the proposal, that information may be listed on up to four (4) single spaced pages as an attachment and will not count toward page limits set forth herein. Please list full partner information including agency name, their responsibilities for the proposed project, address, phone, key contact person and email address.

Section One (Proposal Narrative)	50 Points	Page 11-12
Section Two (Expected Outcome/Products)	20 Points	Page 13
Section Three (Budget/Budget Narrative)	30 Points	Page 13

Section One (Up to 50 points)

Proposal Narrative – All Proposals must include the following:

- I. Describe applicant organization to include its mission, history, and evidence of capability to achieve proposed goals.
- II. Describe area(s) to be served, including any unique circumstances characterizing those areas. Please include:
Counties Served:
Days a week (per county)
Hours of operation (per county)
- III. Describe applicant organization's present ongoing programs, services, and facilities.
- IV. Describe how consumers and their families will be involved at the organizational level in the planning, implementation, and evaluation of PATH funded services. Are PATH eligible consumers serving on formal advisory boards?
- V. Describe the process for participating in the Homeless Management Information System.
- VI. Describe the process for identifying and connecting with individuals in need of PATH services, as defined.
- VII. Describe the process for including minorities and other underserved populations.
- VIII. Describe services which target veterans who are experiencing homelessness and how the needs of service members, veterans, and military families will be addressed.
- IX. Project the number of enrolled clients who will receive PATH-funded services in FY 2012. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e. living outdoors or in an emergency shelter, rather than at imminent risk of homelessness).
- X. Provide a detailed program description and list services to be provided using PATH funds, including, but not limited to, the following:
 - A. Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.
 - B. Strategies that will be used to target PATH funds for street outreach and case management as priority services.
 - C. Services available for consumers who have both a serious mental illness and substance use disorder.

- D. Strategies for making suitable housing available to PATH consumers (e.g., indicate the type of housing usually provided and the name of the agency that provides the housing).
- E. Describe organizations participation in the HUD Continuum of Care program and any other local planning, coordination or assessment activities.
- F. Describe coordination with community organizations that provide key services (Primary Health, Mental Health, Substance Abuse, Housing, and Employment) to PATH eligible consumers.

- XI. Identify gaps in the current service system.
- XII. Plan for program expansion and sustainability efforts to take place (Outline a three year plan for the project that includes goals within those time lines).
- XIII. Explain the extent to which staff who are implementing the project are qualified..
- XIV. Describe your organizations process for collecting and evaluating corresponding data and measures.
- XV. **Additional Service Components:**

Plan for resources identification and development of community services and supports with the designated catchment area to include:

- Development MOUs with outside agencies, including those providing PATH services in the catchment area to support access to behavioral health services for individuals who are receiving PATH services.
- Identification of resources NOT currently available to the targeted population within the designated catchment area and work towards accessing or developing those resource and;
- Provision of attendance by agency representatives at all PATH meetings and participation in an annual retreat to enhance the quality of any and all PATH services provided to consumers.

Section Two (Up to 20 points)

Expected Outcome/Products:

Describe the specific outcomes expected from the planned activities and strategies:

1. Number of duplicated and unduplicated individuals evaluated each month for PATH services.
2. Number of duplicated and unduplicated individuals evaluated who were accepted and enrolled in PATH Services.
3. Number of duplicated and unduplicated individuals enrolled as PATH clients who received PATH services using PATH funds.
4. Total duplicated and unduplicated number of consumers contacted using PATH funds in FY 2012 and how many will be adults and literally homeless.
5. Number of duplicated and unduplicated individuals enrolled in PATH services that accessed a) transitional housing and b) permanent housing.
6. Number of duplicated and unduplicated individuals enrolled in PATH services that were discharged from PATH services.
7. Number of duplicated and unduplicated individuals who received case management services.

Section Three (Up to 30 points)

Budget/Budget Narrative:

1. Provide a proposed 2012 Target Funding Budget (TFB) with details by line item. (Form on website)
2. Provide a budget narrative with specific details on how funds are to be expended.
3. Provide a description of any potential for other funds or in kind support. Provide in narrative format.
4. Clearly define startup costs and/ or expenses associated with project.